HÆMATOMA OF THE VULVA AND VAGINA.

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Thrombus, or hæmatoma of the vulva and vagina, from statistics which I have been able to gather, occurred fifty times in 103,424 cases where records were kept with this point in view, or about once in every 2,070 labors. The mortality is high, according to the reports of Deneux, Winckel, Barker, Scanzoni and others, which show in the aggregate about 90 deaths in 400 cases, or 18.5 per cent.

The following are two cases which have come under my observation :—

Case I.—*Hæmatoma of the Vagina.*

Mrs. S., aged 22, primipara, attended in labor, May 27th, of last year, by Dr. MacCallum of Toronto. After the head had reached the middle of the pelvis, a lump was detected in the left wall of the vagina, immediately below the head. At this time labor had been in progress about twelve hours and the uterine contractions had been unusually strong. Shortly after this a copious hæmorrhage commenced. A message was sent for me, and, having but a short distance to go, I arrived in a few minutes. The patient showed the ordinary indications of severe hæmorrhage. On examination I found the hæmorrhage still continuing from a rent in the vagina on the left side, extending towards the posterior wall. The serious bleeding was evidently arterial, and I was fortunately able to control it by pressure with the thumb inside the vagina and the forefinger

outside the vulva, using my right hand and leaving the left free. While I thus "held the fort," Dr. MacCallum had plenty of time to make the necessary arrangements for forceps delivery. After he had anæsthetized the patient, I applied the forceps very easily with my left hand, while I continued to control the bleeding, as I have described. I had found that the slightest relaxation of pressure allowed a recurrence of hæmorrhage, and the patient had already lost more blood than she could afford. I easily drew the head against the bleeding surface, when the substituted pressure completely controlled the hæmorrhage. The uterine contractions were still strong, and I removed the forceps, leaving the delivery to nature's efforts. No more chloroform was administered and the child was soon expelled, after which the hæmorrhage recurred, and I again controlled it by pressure. Dr. MacCallum expressed the placenta and the uterns remained well contracted. I then introduced a suture rather deeply through the left labium, and also through the upper edge of the vaginal rent. On tying this it tore through the vaginal wall above, but fortunately appeared to have caught the bleeding vessel, as there was no return of serious hæmorrhage. I used two other sutures, but think they did little or no good. A pad and T bandage were applied. Dr. MacCallum afterwards took charge of the case, and changed the dressings frequently with ordinary antiseptic precautions. There was some suppuration with high temperature for two weeks, after which the patient made a fair though rather tedious recovery.

CASE II.—*Hæmatoma of the Vulva.*

A. S., married, aged 31; primipara; confined in the Toronto Burnside Lying-in Hospital, December 12th, by Dr. Thompson, the resident accoucheur. Labor protracted, duration 24 hours; membranes ruptured two hours before delivery; uterine contractions unusually strong, especially during last three or four hours; head pressed on perineum for nearly two hours. Forceps not used; took several doses of chloral; no other anæsthetic. There was a slight rupture of the perinœum, for which one catgut suture was introduced. Condition of vulva apparently normal, when the parts were washed and the antiseptic pad applied. Child weighed 8 pounds, Swelling in right labium first noticed by nurse about 22 hours after de-

livery, at 4 a.m., December 13. I received a message to go to hospital during the morning, but was unable to reach there before 2 p.m., about 30 hours after delivery. I found a large hæmatoma of right labium majus extending backwards to the gluteal region, and pressing inwards on the vagina. The skin over the swelling was very dark in color—almost black. A large slough was evidently imminent. I decided on immediate incision. After ether was administered, I made the incision about 2½ to 3 inches long on inner side of labium, and removed clots amounting in the aggregate to the size of a child's head, leaving a very ragged, dark-looking surface within the cavity. I feared that a large portion of the skin and subcutaneous tissue had lost its vitality, and that considerable sloughing would occur. The cavity was washed out with a hot solution of mercury bichloride, 1 to 1,000. There was very little, or practically, no hemorrhage, and I therefore used no styptic, but introduced a plug of gauze dipped in the antiseptic solution and well dusted with iodoform, and applied a T bandage, leaving room for the lochial discharges to escape beside the dressings. I ordered the wound to be dressed in a similar manner every six hours, but directed that no force be used in introducing the gauze unless hæmorrhage occurred; and pads for lochial discharges to be changed every hour, at least until bedtime. On the following day I was surprised to find the cavity so much reduced in size—in fact quite insignificant when compared with the large opening which was left on the preceding day after the removal of the clots. Skin still dark colored, but there was less indication of sloughing. On the fourth day there was a healthy-looking granulating surface with scarcely any cavity. After this there was rapid progress, no sloughing occurred, there was no pus at any time, no rise of temperature, and the wound was completely healed on the 16th day, when the patient left the hospital.

These two cases are rather typical examples of the two most common varieties of hæmatoma of this region, caused by the rupture of vessels in the submucous tissue of the vagina or the subcutaneous tissue of the vulva. The vaginal thrombus may be formed at any point below the pelvic fascia, as happened in Case I., but in rare cases the bleeding may occur above the pelvic fascia, and the blood cannot then go towards

the surface, but is forced upwards between the pelvic diaphragm and the peritoneum, as high, or even higher than the kidneys. Death in such cases may occur with the ordinary signs of concealed hæmorrhage. In Case II. the thrombus appeared to be between the superficial and middle fascia of the perineum—probably the most usual site.

In referring to the frequency of this accident, according to the evidence at our disposal, I, of course, referred to the gross cases which in the past have been discoverable, or, more correctly, discovered. Strictly speaking, it is far from correct to say that vaginal or vulvar thrombus is formed only once in two thousand labors. We are told by those who have investigated the subject carefully in post mortem examinations, especially Barnes and Matthews Duncan, that small submucous extravasations of blood along the genital tract during parturition are very common, if not practically universal. The more serious lesions which attract attention differ probably in degree rather than in kind. In a general way we may say they are all caused by pressure. Among the more definite explanations which have been offered I know of none which I consider at all satisfactory. One would naturally suppose that varicose veins would at least predispose towards the formation of these thrombi; but such is not the fact, as the majority of authorities agree. Winckel, however, is among the minority who think that this condition of varicosity does undoubtedly predispose towards such accidents. In both of my cases the veins were, as far as could be ascertained, entirely normal.

There is a variety of these cases which is more clearly described by Matthews Duncan than any other author so far as I know, *i.e.*, vaginal submucous hœmatomata, generally, if not always, unrecognised, which are not absorbed, but subsequently suppurate, and form vaginal abscesses. At a meeting of the Obstetrical Society of London last month, Dr. Duncan related two cases of such abscesses, in which the finger could be introduced through a rounded opening of the vaginal mucous membrane into a cavity as big as a walnut. In the discussion which ensued, as reported in the *British Medical Journal*, various cases of vaginal abscesses were related which the speakers thought were of a similar nature. A number of these had resulted in death from septicæmia. It is quite likely

that such cases are not uncommon, but are generally unrecognized or inperfectly understood; and it is unnecessary for me to dilate on the vast importance of a correct diagnosis and proper appreciation of the condition when it exists.

The statistics to which I have referred indicate a mortality that is almost startling, but I think modern antisepsis will show much better results. The great value of antiseptic methods is well shown by the results of the treatment of the large cavity left on the removal of the vulvar thrombus. The wound was kept perfectly healthy by the antiseptic dressings, and the natural elasticity of the parts appeared to have a remarkable effect in rapidly reducing the size of the cavity. The wonderful changes which took place within three or four days, by which a great ugly-looking hole had almost completely disappeared, seemed to me simply marvellous.

The treatment will, of course, depend upon various circumstances—whether the hæmatoma is large or small, whether it appears before or after the completion of labor, etc. I will make no effort to enter into details, but may simply say that we will probably all agree, in a general way, to leave alone these blood tumors which are small, do not obstruct labor, do not threaten to cause sloughs, and do not suppurate, with the hope that they will be absorbed. On the other hand, when such a tumor prevents delivery, is likely to slough, or becomes an abscess, we should freely incise, empty the cavity, check hæmorrhage if it occur, and afterwards wash out regularly, In my case of vaginal thrombus I think I should have made no effort to introduce sutures after the hæmorrhage was stopped. I think it scarcely possible to get such coaptation as to hope for primary union, and it is probably better in such a case to leave the wound in such a shape that it can be easily and frequently cleansed. In the case of vulvar thrombus, I think that, under the circumstances, there can scarcely be any doubt as to the propriety of making an immediate and free incision when I first saw it.